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 RI, DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2016 NOV 16 PM 2:30

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001658277	2. Exact Name of the Limited Liability Company Nexgen Mortgage Solutions, LLC		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <i>36 Washington Square</i>			
City/Town <i>Newport</i>	State <b>RHODE ISLAND</b>	Zip <i>02840</i>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Mark B. Bardorf			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <i>450 Veterans Memorial Parkway Ste. 7A</i>			
City/Town <i>East Providence</i>	State <b>RHODE ISLAND</b>	Zip <i>02911</i>	
6. The name of the <b>NEW</b> resident agent is: C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Jamila Woods			Date 11/11/2016
Signature of Authorized Person of the Limited Liability Company <i>Jamila Woods</i>			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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BY *cu* 288704

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